Capacity Building for Malaria: How to Advise Guide

Frameworks, Tools, and Best Practices

February 2021

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Abbreviations

CBM   Capacity Building for Malaria

CDC   Centers for Disease Control and Prevention

CMM   Capability Maturity Model

CCM   Country Coordination Mechanism

HRH2030   Human Resources for Health in 2030

LTTA   Long-Term Technical Assistance

MOH   Ministry of Health

MOU   Memorandum of Understanding

MRC   Medical Research Council

M&E   Monitoring and Evaluation

NMCP   National Malaria Control Program

OD   Organizational Development

PMU   Project Management Unit

PMI   U.S. President's Malaria Initiative

RBM   Partnership to End Malaria

USAID   United States Agency for International Development

WHO   World Health Organization

I. Introduction

1.1 Purpose of this Reference Guide

The purpose of this reference guide is to support new advisors seconded to National Malaria Control Programs (NMCPs). This guide documents the long-term technical assistance (LTTA) program model as implemented through the Human Resources for Health in 2030 (HRH2030) Capacity Building for Malaria (CBM) activity, including sharing the frameworks, tools, and "institutional memory" of advisors embedded in NMCPs through HRH2030.

Advisors are the primary audience for this guide. However, the section on initiating an LTTA program is geared towards implementing partners who manage embedded advisors. Recognizing that advisors may be placed in NMCPs across the world, the tools and guidance provided within this document should be adapted to each country and NMCP context as needed.

This guide addresses what implementing partners should know about managing LTTA programs; and guides advisors on how to navigate their role, starting from the first few months through managing day-to-day work successfully during their tenure working with NMCPs. The reference guide was developed at USAID's request under the HRH2030-CBM activity.

1.2 What is the Long-Term Technical Advisor Program Model?

Background on USAID-supported LTTA projects. Since 2013, the U.S. President's Malaria Initiative (PMI) has supported three multi-year USAID projects to implement the LTTA model: the Leadership, Management and Governance Project (2013-2017); the Maternal and Child Survival Program (2014-2019); and the HRH2030 Program (2016-2021). The projects are funded through the U.S. government's required five percent technical assistance set-aside from funds it provides to the Global Fund to support countries to optimize Global Fund investments.

HRH2030's CBM activity in Togo supported the NMCP to organize a commodity traceability mission, for enhanced procurement and supply chain management. Shown here is the team conducting the exercise in the Zio health district. Credit: HRH2030-CBM

PMI has traditionally used the LTTA program to embed advisors in non-PMI focus countries to support NMCPs to manage Global Fund grants where malaria-focused technical assistance may not be present through its other in-country mechanisms. However, over the years, countries such as Côte d'Ivoire and Guinea have transitioned from non-PMI focus countries to become PMI focus countries. In some such instances, the Missions have decided to allocate their resources to continue funding embedded advisors for a period of time.

The advisors' ultimate goal is to help NMCPs become high functioning, strengthened institutions with increased capacity to lead nation-wide malaria programs, including the management and implementation of Global Fund grants and coordinating other donors' resources.

Use of the embedded advisor for capacity building. USAID defines human and institutional capacity development as a "model of structured and integrated processes designed to identify fundamental causes of performance gaps in host country partner institutions, address those gaps through a wide array of performance solutions in the context of all human performance factors, and enable cyclical processes of continuous performance improvement through the establishment of performance monitoring systems[1]." Specific to HRH2030-CBM, our host country partner institutions are NMCPs, and capacity building is conducted by advisors, with the support of an advisor network and home office-based project management unit.

Embedded advisors support countries that have chronic challenges implementing their Global Fund malaria grants. These advisors' inherent purpose is to build the capacity of NMCP and other national staff engaged in grant implementation and specific leadership and management areas. In the context of the CBM activity, advisors support capacity building activities at the individual and organizational levels. At the individual level, the advisors help build NMCP staff and leadership's capacity through coaching, mentoring, and skills transfer. The box at right captures thoughts from three NMCP leaders on important factors in creating an enabling environment for staff capacity transfer. At the organizational level, the advisors support the development of strategy and management documents such as national malaria policies, human resources management policies, financial management guidance, standard operating procedures, and more. Advisors also foster and strengthen enabling environments by supporting effective coordination among donors and key national actors and through thought leadership and knowledge sharing across countries.

> ### Most Important Factors in Creating an Enabling Environment for Capacity Transfer
> *Select responses of NMCPs to 2020 questionnaire:*
>
> "Transparent, frank collaboration, taking into account the real needs of the staff and especially working to enhance each other's capacities in a climate of understanding, and above all, humility."
>
> *– Dr. Issakha Diar, NMCP Coordinator, Chad*
>
> "Availability of good, quality human resources; commitment of managers; sharing the [NMCP's] vision.
>
> *– Dr. Eugene Lama, NMCP Coordinator, Guinea*
>
> "The motivation of the staff (financial or not) intended to receive the skills; improving working conditions (calming and motivating work environment, available IT equipment, internet, etc.); clearly defined roles and responsibilities of each actor in the transfer of skills; periodic evaluation of transferred skills."
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> *– Dr. Christophe Ndoua, NMCP Coordinator, CAR*

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[1] USAID, "Human and Institutional Capacity Development Handbook," *USAID Learning Lab*, 2013, p. 5.

1.3 CBM Activity Overview

CBM goals and objectives. Capacity Building for Malaria (CBM) is an activity under the USAID HRH2030 Program. HRH2030 is USAID's flagship program on human resources for health (HRH), which strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes and advance universal health coverage. The purpose of the CBM activity is to support NMCPs' ability to apply for and implement Global Fund grants to improve performance outcomes. The objectives of the CBM activity are to strengthen NMCPs':

- institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system
- leadership, health workforce, and procurement and supply management to support the successful implementation of the Global Fund's new funding model and PMI funding
- technical knowledge and experience, and M&E management in malaria control.

CBM footprint and expected results. Since 2016, CBM has supported advisors in ten countries: Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, The Gambia, Guinea, Niger, Sierra Leone, and Togo. The scope and technical areas of support are different for each country, based on country needs. Illustrative intended outcomes for the CBM activity in working with and through NMCPs across these technical areas include (1) implementation of national malaria strategic plans to guide a long-term vision for malaria control; (2) development of human resources management systems and processes to address health workforce needs; (3) review and refinement of standard operating procedures for the procurement and supply management of malaria commodities; (4) fostering of a global knowledge-sharing platform and community of practice among NMCPs and advisors; and (5) alignment of M&E plans and practices to assess progress towards set indicators and outcomes.

"HRH2030-CBM has been very supportive because, first and foremost, they are supporting the national strategic plan. The NMCP's capacity building component is very crucial, so we've been developing our work plan with HRH2030 to ensure that we capacitate the different areas where we think we need to do more."

– Dr. Samuel Juana Smith, Program Manager
of the NMCP in Sierra Leone

II. Initiating an LTTA Program: What Implementing Partners Should Know

II. I Advisor Selection, Placement, and Management

Selecting advisors. The process of embedding advisors may start with the NMCP or ministry of health expressing interest to USAID (or the U.S. Embassy in countries that do not have a USAID mission) in receiving technical assistance to improve the implementation of malaria control programs. The RBM Partnership to End Malaria and the Global Fund may also identify countries that would benefit from technical assistance. PMI confirms its ability to support the country in question (based on funding available, security concerns, etc.) and directly connects the NMCP with the implementing partner to carry forward the discussion.

The implementing partner works with the NMCP to further define the profile or profiles of one or more advisors – typically NMCPs opt for a maximum of two advisors, to best work with their own staff already in place. Discussion points include the country's malaria disease burden, the status of malaria control program implementation, Global Fund grant performance, and the NMCP's skills gap. For example, a country may specifically request supply chain-focused malaria expertise. Once there is an understanding of the NMCP's needs, the implementing partner updates the general advisor job description (see Annex A for CBM's Advisor Description) and conducts a formal recruit for the position(s). Essential advisor qualifications include:

- At least ten years of progressively responsible experience in designing, implementing, and managing malaria or other health programs in developing countries.
- Demonstrated technical leadership, program management, strategic planning, policy experience, and problem-solving skills working on complex projects.
- Ability to work effectively in a team environment with a broad range of partners. Advisors must have demonstrated skills in donor coordination and collaboration, including communicating information to both health and non-health audiences to achieve consensus on policy, manage projects and research, and coordinate administrative matters.

Stakeholder Snapshot

USAID
CBM Activity donor, provides the overall mechanism that allows for CBM technical assistance activities.

The Global Fund
Provides grant funding to low- and middle-income countries to implement malaria control activities.

PMI/Washington
Key counterpart for implementing partner, provides overall leadership and technical guidance for the activity and serves as the link to the Global Fund in Geneva; manages technical assistance funds for non-PMI countries received through the five (5) percent USG set aside.

NMCP
Key beneficiary of technical assistance; implements malaria control activities in-country; host to each advisor. NMCP coordinator typically serves as key point of contact to advisor and implementing partner.

Implementing Partner
Identifies and embeds advisors in NMCPs; backstops the advisor for management and technical issues; facilitates cross country learning and connections.

Advisor
Provides technical assistance to the NMCP with the goal of strengthening the NMCPs' organizational management and individual staff capacity to improve the NMCP's ability to apply for and implement Global Fund grants.

Placing advisors and program start-up. Once the implementing partner has identified an advisor candidate, they will first propose this candidate to PMI/Washington or the PMI Mission, followed by a proposal to the NMCP to receive concurrence by both parties. If requested, the NMCP can also participate in the candidate selection process. Once the implementing partner hires the advisor, the implementing partner formally introduces the advisor to the NMCP, and then begins planning a joint start-up trip with the advisor and their supervisor from the implementing partners' headquarters team. The start-up trip should be at least a week-long for the implementing partner to establish a relationship and open communication lines with the NMCP, build rapport, and encourage collaboration and frank feedback on advisor performance. A member of the implementing partner backstopping team has traditionally joined the start-up trip to manage processes associated with operating in-country. For example, identifying a local lawyer to understand how to operate in the country legally (if the implementing partner does not have a presence in-country); identifying an office space for the advisor within the NMCP; securing housing if the advisor is not a resident; and meeting with the U.S. Embassy (or the USAID/PMI office where applicable) to understand operational restrictions and expectations, especially as they relate to security.

Managing advisors. The advisor's supervisor and the implementing partner's home office backstopping team should work with the advisor on an ongoing basis and regularly scheduled check-in meetings. A primary aspect of regular check-ins with the advisor is monitoring the implementation of work plans; it is also an occasion for the implementing partner to identify opportunities to provide necessary technical and administrative support. The advisor's supervisor can also gather information about the advisor's relationship with the NMCP and USAID (and other stakeholders or implementing partners where applicable) to support the advisor in managing those relationship dynamics. Suggested meeting frequencies are bi-weekly with the home office team to discuss backstopping needs and bi-weekly check-ins with the supervisors to discuss progress updates. Quarterly all-advisors' calls are also helpful in building the advisor network and collaboration across countries.

In addition to meetings, the implementing partner should also consider sending updates to advisors to share PMI highlights, reminders for reporting requirements, updates from different countries, and other topical matters. As part of the regular advisor management process, best practice is for the implementing partner to conduct annual performance assessments of the advisor. In addition to the supervisor's evaluation of the advisor, it is best practice to incorporate the advisor's self-assessment as well as feedback from NMCP colleagues to get a holistic picture of the advisor's performance. The supervisor can solicit input from the NMCP through a questionnaire, a series of open-ended questions, or a conference call, with the feedback geared to the advisor's performance as it relates to the advisor's work plan. See Annex A for CBM's 360 performance evaluation questionnaire.

"In my first six months, my priorities were to understand the functioning of the NMCP, the country context, how the MOH and NMCP operate, including learning about each staff member's roles. Reviewing normative malaria control documents to understand the country's continuum towards malaria elimination is also important."

– Dr. Justine Nagorngar, Advisor to
the NMCP in Chad

Including the NMCP in the advisor's performance assessment process achieves three goals. Firstly, it gives the implementing partner better insight into whether the advisor is meeting the NMCP's technical assistance needs and how the NMCP perceives the advisor's support, including providing an opportunity to identify potential areas for improvement, if any. Secondly, it offers an opportunity for the NMCP to be heard and included in this technical assistance process. The second point is essential as implementing partners need to demonstrate to the NMCP that communications and input are a two-way street. Because they have invited the advisor and USAID to provide technical assistance, the NMCP's input in assessing the process and outcome of the support provided is critical. Lastly, it is also an opportunity to build the NMCPs leadership and management capacity.

At the end of the advisor's tenure, the implementing partner should also consider administering a survey to NMCP staff to measure changes in staff confidence levels due to the advisor's work. CBM used the confidence assessment surveys originally developed by the LMG project. The surveys cover key NMCP work domains, namely, financial management, M&E, procurement and supply management, program implementation, and program management (See Annex C for instructions and copies of each survey).

II.2 Defining Roles and Responsibilities

Advisors' roles and responsibilities. From the very beginning, it is critical to set expectations, establish clear reporting lines, and open channels of communications among the NMCP, PMI activity managers, implementing partner and advisor. Relationships and reporting lines can often be complicated, as the advisor works with the NMCP day-to-day but reports to the implementing partner, and, in MOP-funded countries, also works closely with PMI colleagues. Defining roles and responsibilities provides clarity, alignment, and a path forward for teamwork.

Advisors should follow the policies of the NMCP regarding work hours, workdays, and other normative policies that dictate work styles within the NMCP, noting that the advisor is not an employee of the NMCP and reports to the implementing partner. While the NMCP determines the support needed, the advisor should not serve primarily as a supplemental NMCP employee. The advisor's role is to complement the existing skills and bridge the knowledge and skills gap of NMCP staff through coaching, mentoring, and skills transfer and co-developing normative documents to institutionalize best practices.

Setting expectations. The implementing partner should reinforce the advisor's scope—to build the capacity of the NMCP staff to improve the implementation of malaria control activities—when setting the NMCP's expectations. This distinction often requires active communication with the NMCP from the implementing partner and USAID. To reinforce the advisor's purpose and address potential misunderstandings, the implementing partner should conduct regular meetings with the NMCP coordinator, at least quarterly, facilitating regular follow up on expectations set during the start-up trip.

II.3 Logistical Considerations

Paperwork. The implementing partner should work with the NMCP to develop a memorandum of understanding (MOU) that clearly outlines the roles and responsibilities of the NMCP, the advisor, and the implementing partner. The content of the MOU should include the use of NMCP resources; internal and external communication expectations between the NMCP, advisor, and other stakeholders; as well as logistical and financial arrangements (transportation for site visits, workshops, retreats; securing venues for workshops; administrative support for workshops, etc.), and other relevant topics.

"It is important to establish regular, open, and frank communication, and to create a climate of trust: listening, regular communication, honoring commitments, honesty, humility, being consistent in one's words and actions, with a focus on strengthening the self-confidence of NMCP colleagues through coaching and continuous transfer of skills."

– Dr. Jean Emmanuel Julo-Réminiac,
Advisor to the NMCP in Togo

Onboarding and orientation. The implementing partner also provides administrative support for the advisor to obtain visas, work authorizations, and other necessary paperwork, and secure accommodations. If and when needed, the implementing partner should also ensure that the advisor has access to security support. Depending on the context, and especially if an advisor is working in dangerous areas, security support could mean conducting initial assessments and having protocols in place in case of emergencies and/or contracting security companies to guard residences or guide travel. Having this kind of support eases the advisor's transition into the new role. Orientation and onboarding should also include familiarizing the advisor with the implementing partner's policy manuals, internal human resources procedures, and allowance eligibility. Once advisors are placed in NMCPs, the implementing partner should also walk through the setting up and facilitation of finance transfers and documentation, if the project anticipates directly funding NMCP-led programs or activities. Examples of costs funded through the home office could include supporting specific in-country meetings or trainings; issuing a direct-to-government fixed amount award for co-created NMCP activities; or conducting in-depth assessments through external consultants (see the section on Measuring Capacity: Proven Tools and Approaches on page 8 and Annex F).

Office equipment and location. The implementing partner should ensure that the advisor can access a furnished workspace with a computer, printer, conference call equipment (headphones, portable speakers, etc.), and basic office material such as notepads, pens, post-its, etc. If feasible, the purchase and use of a projector is highly encouraged for capacity transfer activities such as joint documentation reviews or data validation exercises. Advisors also need to have project cell phones or a mechanism to cover communication costs in general. If the NMCP has an unreliable internet connection, the implementing partner should provide the advisor with a portable internet connection. The implementing partner should not assume that the NMCP will provide the advisors with all the necessary equipment and supplies and ensure that advisors have everything they need to work effectively.

Although advisors are generally co-located with NMCP staff, if and where possible, the implementing partner should negotiate flexible arrangements where the advisor can work from home on occasion – for example, for tasks such as reviewing Global Fund grant sections that require focused time without interruptions. In such instances, the implementing partner should help the advisor obtain a reliable internet connection at home. While having an office at the NMCP provides the opportunity to be anchored and well acquainted with staff, having the flexibility to work from home occasionally allows the advisor to do focused work.

Beyond advisor salaries and allowances, find captured below additional costs to consider. Having a small budget that an advisor can program for select activities allows for improved engagement from the NMCP and increased focus on the strategic goals of the project. Note that the example activities listed below are subject to program objectives, priorities, and context and sourced from activities implemented under the CBM projects. Select capacity building activities captured as "Activity Costs" below can be found in Section IV.6.

- Organizational development assessment costs
- Costs associated with specific trainings or meetings (e.g., travel reimbursement, coffee, lunch breaks)
- Fixed-amount award costs to the NMCP
- Global semi-annual meetings hosted by the implementing partner
- Costs associated with international conferences and meetings attendance (RBM Regional Meetings, ASTMH, etc.)
- Costs associated with exchange visits between supported countries
- Local travel within the country for supervisory visits to the sub-national levels

Additional activity costs to consider. Depending on the project's objectives, priorities, and country context, the implementing partner should consider additional activities that may require funding. Common activities to consider are funds for short-term consultants to provide additional support in targeted areas such as the development of strategic plans, grants to the NMCP to cover specific activities, funds for technical workshops or meetings that are not covered by the Global Fund or NMCP, or a formal organizational capacity assessment. If a formal organizational capacity assessment has not been conducted recently, this activity is usually prioritized in the advisor's work plan.

III. Understanding the NMCP Context

III.1 Conducting a Situation Analysis

Understanding the country context. Upon arrival at post and completing rounds of introductions, advisors should spend the first one to three months familiarizing themselves with the overall country context and conducting a situation analysis to understand malaria control initiatives at the national, regional, and district levels. Familiarity with the context will enable the advisor to understand the priorities, challenges, and support required by the NMCP to coach their team to achieve maximum results.

Documents to read. A best practice is first to conduct a desk review and read through normative documents such as the national health strategy, the national malaria strategic plan, the malaria operational plan (in PMI focus countries), NMCP annual work plan, and Global Fund performance reports. Other implementing partners' project reports and technical documents from the WHO, the RBM Partnership, PMI, CDC, PubMed, or other outlets may also be relevant. If the advisor has not yet arrived in-country, he or she can conduct the desk review remotely while waiting for necessary paperwork such as a visa application to be completed.

Once in the country, the advisor should gather and read through available institutional documents that can shed light on personnel management, research, monitoring and evaluation, management of drugs and supplies, and management of finances, including Global Fund grants. If the NMCP recently completed a formal organization development assessment, the advisor should review the assessment results as it will highlight gaps and priority areas for intervention for the advisor's work plan. If there is a need for additional information after the desk review, the advisor may conduct further assessment or research themselves, engage the implementing partner for support, work with other in-country stakeholders, or do a combination of these as necessary.

Similarly, given the highly collaborative nature of how programs are funded and implemented in most countries, the advisor should also spend time reviewing and understanding the partner landscape and their malaria programming roles.

People to meet. Within the first two months, the advisor should work with the NMCP coordinator to meet with division heads and other staff to develop rapport. NMCP staff can provide more context and lend their perspectives to findings from the advisor's desk review.

The advisor should also work with the NMCP coordinator to schedule meetings or introductory calls with partners. Although partners will differ from one country to another, the common partners across countries include the Global Fund, the Principal Recipient (where it's not the NMCP), RBM Partnership-supported consultants, if in-country, and the WHO. The advisor also needs to understand the ministry of health's management structure and how the NMCP fits within that structure from a programmatic and management

Dr. Ghislaine Djdjoho (right), HRH2030's technical advisor to the NMCP Côte d'Ivoire, during a commodity review exercise. Credit: HRH2030-CBM

reporting line perspective. This step is crucial so that the advisor understands how to collaborate and coordinate with the ministry of health officials at the regional, district, and community levels.

Developing a work plan. After obtaining all the information from desk reviews and holding meetings with key stakeholders, the advisor will have sufficient context-specific details to develop an annual work plan for how to provide the NMCP technical assistance for the first year of the advisor's tenure, and in line with the advisor's scope. In the process of developing their work plan, the advisors should align activities with gaps and challenges identified through the desk review and meetings with stakeholders. The box below summarizes some examples of challenges identified by NMCP leaders regarding Global Fund grant implementation. As mentioned above, the Global Fund performance review scores and organization capacity assessments are useful documents that the advisor can use to identify priority areas for intervention. Activities should also be aligned to project objectives and outcomes based on indicators in M&E plans.

Activities in the annual work plan primarily illustrate how the advisor will spend their time supporting the NMCP. As such, the advisor works closely with the NMCP coordinator and unit heads to agree on priorities, activity timelines, and points of contact who will work with the advisor to implement the work plan. Oftentimes this process will start by meeting with the NMCP Coordinator and his/her unit chiefs to discuss the workplan. The NMCP Coordinator can then delegate the coordination of certain activities to his/her unit chiefs as points of contact for specific activities in an advisor's work plan. The work plan review and feedback process usually include back and forth between the advisor, the NMCP coordinator, and implementing partner before finalization and can take six or more weeks to finalize.

Once completed, the advisor should work with the home office backstopping team to ensure budget availability and alignment of activities with the project objectives and M&E plan. Finally, the work plan should be submitted to the NMCP coordinator for concurrence.

> **NMCP Challenges Faced during Global Fund Grant Start-up and Implementation**
> *Select responses of NMCPs to 2020 questionnaire:*
>
> • Finalization of contractual documents directly with the Global Fund or as a sub-recipient
>
> • Continued risk of turnover and motivation of qualified personnel, leading to interruptions of activities or poor quality of work
>
> • Lack of consensus across donors on the methods of financing certain larger activities at the operational level (e.g., mass distribution campaigns)
>
> • Adjusting to a global pandemic or country-specific socio-political crisis

Please see Annex D.1 and D.2 for CBM's work plan budget and narrative templates. The next section summarizes two of the assessment tools used by the advisors for the CBM activity. Each tool is further described and documented in detail in Annexes E and F.

III.2 Measuring Capacity: Proven Tools and Approaches

Purpose and use of assessments. Establishing a baseline of the NMCP's organizational capacity is a critical initial step to the embedded technical assistance model. The advisor will either conduct or oversee completion of an organizational assessment or use the results of a recent organizational capacity assessment. The results will inform the advisor's individual work plan and direct their work in supporting the NMCP to achieve set objectives. This exercise can take a few weeks or months, depending on the need for an organizational assessment and the type of tool chosen. The assessment process usually includes one or a combination of the following: group or one-on-one interviews, surveys, workshops, and document validation by identified stakeholders (e.g., NMCP leadership, the in-country PMI team where relevant, and PMI/Washington).

"Starting as a technical advisor requires an open mind, a great capacity for observation, and a keen sense of analysis to quickly identify the technical context, as well as the socio-professional context. Taking these two elements into account is essential to draw up a true and profound inventory [of possibilities] that can lead to the mission's success. We are coming to build on what already exists."

- Dr. Ghislaine Djidjoho, Advisor to the NMCP in Côte d'Ivoire

The two organizational capacity assessments used by the CBM activity and its advisors – the capability maturity model (CMM) and organizational development assessment (ODA) – are summarized in Table 1 on page 9, and further described below. While CBM regularly uses and updates the CMM assessment in all its countries, the ODA has been launched in select countries where a more in-depth analysis has not been conducted by other stakeholders. Although it is beyond the scope of this reference guide to capture the range of available tools to conduct assessments for technical areas covered by malaria programs, the advisor may choose to use other tools to collect the necessary information or establish a baseline assessment. The advisor should consider the NMCP's needs, the information gaps identified, and the time and funding available when selecting the assessment.

Description of CMM and ODA assessments. The CMM is a subjective self-assessment tool guided by the advisor to benchmark the NMCP's maturity level in core work domains including M&E; strategic planning; supply chain; leadership, management, and governance; and human resources for health (HRH). It is also a rapid assessment tool that can be completed within a day and is typically used by advisors for continuous quality improvement. Advisors are recommended to regularly use the rapid CMM assessment – either annually or bi-annually – to jointly benchmark the NMCP's progress along the maturity model.

The ODA is an in-depth, formal assessment that focuses on organizational development and management topics such as alignment with mission and vision, resource allocation, organizational culture, etc. If the advisor is considering using the ODA tool, they should consult with the NMCP coordinator and PMI/Washington as the assessment requires significant level of effort – at least six to eight weeks of data collection and one-to-two

"In my first six months, my priorities were to understand the strengths, weaknesses, threats, and opportunities for the NMCP. Based on this analysis, and the identified shortcomings, the next step was to propose relevant approaches to problem solve and develop appropriate mechanisms for the implementation of recommendations."

- Dr. Youssoufa Lo, Advisor to the NMCP in Guinea

months to complete the report with the assessment results – and as such, is relatively expensive. Although the ODA is time and resource intensive, it is comparable with the outcome, which is a multi-year, detailed capacity building plan.

The advisor and NMCP coordinator should choose the appropriate tool based on the information gap or issues identified, the assessment's purpose, and the available time and resources. If the advisor and NMCP agree the topic or information gap is related to programmatic areas and time and resources are limited, the CMM is a more appropriate tool. However, if the obstacles identified are structural and related to internal administration issues at the institutional level, the ODA is a more appropriate tool. Table I below summarizes aspects of the CMM and ODA tools that can help guide the advisors in selecting the proper tool.

TABLE 1: CBM ACTIVITY ASSESSMENT TOOLS SNAPSHOT

Tool	Assessment lead	Purpose	Time required	Other resources required	Recommended Frequency	Assessment outcome
CMM	Advisor (NMCP staff can also conduct the assessment independently)	Focuses on five dimensions that include NMCP's essential functions– supply chain, strategic planning, M&E, HRH, and leadership, management, and governance.	One-day workshop	Workshop venue; NMCP staff time for a full day.	Semi-annually or annually	Completed CMM assessment
ODA	A team of external evaluators	Focuses on organization development areas– frameworks, systems, HR, and culture.	Six to eight weeks	Workshop venue; NMCP staff time for interviews and action planning workshops; a team of external evaluators.	Every three to five years	Comprehensive capacity building plan and report.

ASSESSMENT TOOL 1: CAPABILITY MATURITY MODEL

TOOL DESCRIPTION

The CMM assesses how a team or organizational units work together to achieve set objectives. The tool uses a five-scale scoring system ranging from "initial" to "optimizing," as shown in Figure 1. CBM adapted the tool to assess the maturity of NMCPs across five dimensions – M&E; strategic planning; supply chain; leadership, management, and governance; and HRH – each with its own elements (see Table 2). The five dimensions integrate essential aspects of NMCP's functions. The CMM maturity model framework is included in Annex E.
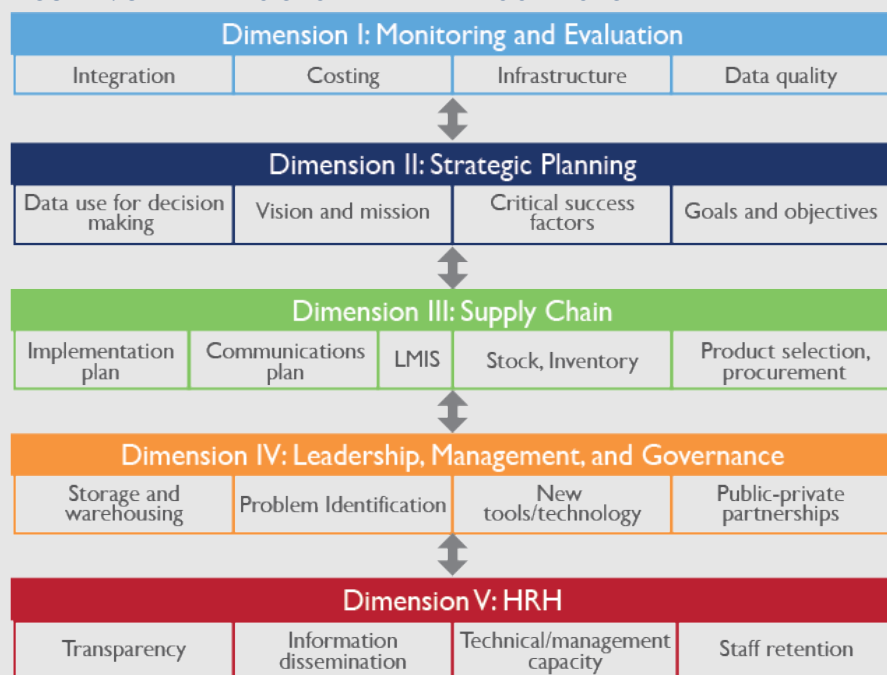
ASSESSMENT PROCESS

Advisors can conduct the CMM assessment on an annual, semi-annual, or quarterly basis. It usually takes about half to a full day to complete, in which all relevant stakeholders gather in a room to go through the different assessment dimensions and elements. The advisor leads the discussion and notes changes since the last assessment, if any. Depending on the preference and receptivity of the NMCP's leadership, some advisors may choose to conduct the CMM assessment quarterly. Under CBM, some advisors, with the support of the NMCP, have rolled out the CMM assessment to sub-national teams so that regional health offices in charge of malaria activities can self-assess their progress as well. At the end of the CMM assessment, the advisor will compile the responses using the framework to share it with the NMCP. The advisor should also share the results with the implementing partner and PMI counterparts.

One key aspect of the CMM is that the NMCP can conduct this assessment without an advisor as the tool is designed for self-assessments. However, before the NMCP uses the tool independently, it is recommended for the advisor to facilitate the first assessment at a minimum, to model the process and familiarize the NMCP staff on how to use the framework. NMCP-led assessments have not been done yet under CBM, although some advisors choose to have NMCP staff lead the workshop while they coach them through the process. It is recommended to have NMCP staff lead the process as it helps build staff capacity and institutional knowledge to independently use the CMM tool to monitor their progress after the advisor completes his or her term.

OUTCOME

The outcome of the CMM assessment is a completed matrix with scoring for each of the five dimensions. The results achieved on the five-scale scoring system will be the basis of continued discussion between the advisor and the NMCP and could be used to help prioritize the technical assistance to be provided by the advisors.

FIGURE 1: CMM DIMENSIONS AND ELEMENTS SNAPSHOT

Dimension I: Monitoring and Evaluation			
Integration	Costing	Infrastructure	Data quality

Dimension II: Strategic Planning			
Data use for decision making	Vision and mission	Critical success factors	Goals and objectives

Dimension III: Supply Chain				
Implementation plan	Communications plan	LMIS	Stock, Inventory	Product selection, procurement

Dimension IV: Leadership, Management, and Governance			
Storage and warehousing	Problem Identification	New tools/technology	Public-private partnerships

Dimension V: HRH			
Transparency	Information dissemination	Technical/management capacity	Staff retention

ASSESSMENT TOOL 2: ORGANIZATIONAL DEVELOPMENT ASSESSMENT

TOOL DESCRIPTION

The organizational development (OD) model and the theory of change used in the ODA tool are based on two popular approaches to organizational assessment and improvement and reflect the HRHR2030 team's public health and performance improvement expertise. The ODA tool draws on the McKinsey 7S model, which focuses on the human element of organizational development and change; and on Burke and Lewin's theory of change (W Burke, G Lewin, 1992), which recognizes the transformative elements of an organization, as well as transactional elements. The ODA tool reformulates the 12 categories of Burke and Lewin into four quadrants for more practical application (see Figure 2).
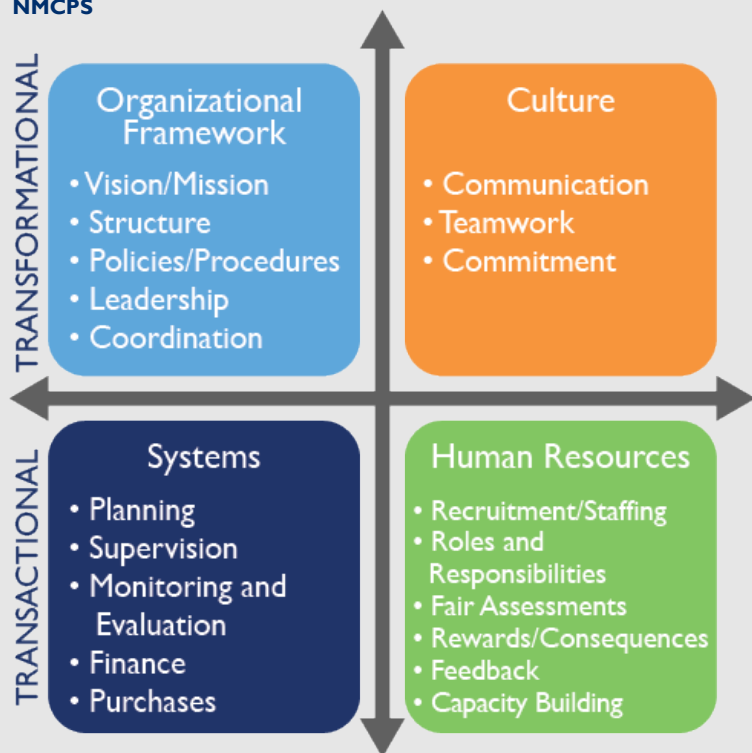
ASSESSMENT PROCESS

Three people are required to conduct the assessments. At least one team member should be based locally, with extensive knowledge of malaria and experience working with the NMCP in the assessed country preferred. The embedded advisor will also work with the assessment team to provide input on tool adaptations and actively participate in interviews and workshops. Although it has not been done under the CBM Activity, should the advisor have the bandwidth, the advisor can lead the assessment with two external consultants' support.

The assessment uses a mixed-methods approach across four phases — documentation review, in-country consultations, reflection workshop, and capacity building plan. Detailed descriptions of each phase and supporting tools are included in Annex F.

OUTCOME

The outcome of the ODA is a comprehensive capacity building plan. Best practice in implementing the capacity building plan is to use a five-step process. Each step has suggested milestones to guide the NMCP through the OD process. Milestones are assigned a priority level, a schedule to start and finish the activity, a party responsible for leading the improvement activity, an opportunity to identify whether assistance external to the NMCP is required, the possible funding sources, and the expected results. See Annex F.12 for an illustrative capacity building plan and detailed descriptions for each step.

FIGURE 2: 7S AND BURKE AND LEWIN'S THEORY OF CHANGE MODEL ADAPTED FOR ORGANIZATIONAL ASSESSMENT OF NMCPS

TRANSFORMATIONAL

Organizational Framework
- Vision/Mission
- Structure
- Policies/Procedures
- Leadership
- Coordination

Culture
- Communication
- Teamwork
- Commitment

TRANSACTIONAL

Systems
- Planning
- Supervision
- Monitoring and Evaluation
- Finance
- Purchases

Human Resources
- Recruitment/Staffing
- Roles and Responsibilities
- Fair Assessments
- Rewards/Consequences
- Feedback
- Capacity Building

III.3 Creating Comfortable Environments to Conduct Assessments

Engaging the NMCP in the assessment process. To ensure the NMCP is a full partner in the assessment process, the advisor needs first to discuss assessment options and review the tool and methods. Once the assessment approach is selected, the advisor should also explain the intended use of the assessment results.

It is best practice for NMCP leadership to express their support of the assessment to their employees to foster an environment where staff feel comfortable to share their honest opinions. The use case and information sensitivity will depend on the information required and the tool. For example, the ODA may ask sensitive questions about people's perceptions of the NMCP's performance against the vision or supervision quality.

When assessments require input from NMCP staff, advisors should create an environment where staff can provide honest feedback without fear of reprimand from their leadership. The organizational culture in some NMCPs might not be conducive to mid- and lower-level staff feeling comfortable to speak about the weaknesses of the NMCP in front of the national coordinator or division heads, due to the perception that any gaps or deficiencies might reflect poorly on leadership. Advisors can increase staff members' comfort level to share honest opinions by conducting anonymous paper surveys at all-staff meetings where people cannot be singled out for their comments. For interviews, advisors can hold one-on-one or small group interviews with staff, without including the interviewees' immediate supervisors. If the NMCP national coordinator is amenable, the advisor may ask the coordinator to lead a presentation on the organization's weak points and its strengths and encourage their staff to do the same.

Assessment Preparation Steps

1. Discuss assessment options with NMCP management

2. Review available tools and methods

3. Discuss how the results will be analyzes and used

4. Engage NMCP leadership and solicit their support to create a positive environment for staff participation

5. Work with NMCP leadership to develop a communication plan for the assessment

IV. Best Practices for Successfully Working with NMCPs
IV.1 Navigating the Day-to-Day Work

Getting the NMCP's buy-in. One of the challenges in an advisor's day-to-day work is motivating NMCP staff to accept and implement the advisor's recommendations. Advisors need to manage their expectations and understand that providing recommendations does not always translate to implementation for various reasons. One approach to resolve such issues is to examine the situation at hand from the NMCP coordinator's perspective and, where possible, co-create solutions with NMCP leadership or coach them to come up with solutions rather than problem-solving independently.

Additionally, advisors need to carefully consider the political climate, funding situation, and other programmatic activities and priorities while crafting their recommendations. The NMCP management's perception of the advisor is another factor that can influence how they will receive the advisor's recommendations. The NMCP will be more receptive to suggestions from advisors they feel add value in specific domains (e.g., M&E or supply chain) or when opportunities arise to match skillset to NMCP initiatives – so it is important to ensure NMCP leadership is aware of the skills that the advisor brings to the table. For example, if an advisor has experience in cross-border collaboration, it will be important to share this history should the NMCP be exploring joint net distribution with a neighboring country. Further, contextualizing recommendations by leaning on normative documents and best practice recommendations from institutions such as the RBM Partnership, WHO, and others may also help get the NMCP's buy-in.

Managing NMCP staff's expectations. Another challenge is managing NMCP staff expectations of the advisor, who is there to support NMCP staff in implementing activities rather than doing the work themselves. Advisors have found success in managing NMCP staff expectations by employing their interpersonal, communication, and facilitation skills. Advisors must be responsive to the NMCP's requests without creating dependency and without making coordinators feel as though their authority is being undermined if it is necessary to push back on requests to do the work that should be completed by NMCP staff. Advisors can navigate this sensitive issue by being present, providing the technical resources required for the activity (where feasible, such as sharing example documents from neighboring countries of program intervention), and serving in the role of a coach or mentor while communicating that their objective is to complement and build staff capacity. In rare situations, it might be acceptable for the advisor to be more directly involved and take a primary role that requires the advisor's expertise, such as writing sections of a grant application. However, this should not be the default, and the goal of building staff capacity, which has a longer time horizon, should always remain the focus. Regular check-ins between implementing partner leadership at headquarters and the NMCP coordinator should address any trends in requests to advisors to deviate from their primary capacity strengthening role.

"The HRH2030-CBM Technical Advisor supported the NMCP in preparing the terms of reference and agenda of our two Grant Request Drafting Workshops, briefed members of the Global Fund Grant Request editorial board on the Global Fund's guidelines, educated the workshop participants on common and avoidable mistakes when drafting Global Fund Grant Requests, and facilitated and conducted quality review of group work. We are excited for the technical expertise and support the HRH2030-CBM program has and will provide in facing our current challenges in the fight against malaria in the Central African Republic."

– Dr. Christophe Ndoua, Coordinating Director of the NMCP in the Central African Republic

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Advisors should ensure they build an open communication line with all staff and are as transparent and unambiguous as possible in their communication. Setting up a mechanism for internal consultations such as having an open-door policy or dedicated hours for walk-in or impromptu meetings will help demonstrate the advisor's availability and willingness to work closely with staff. Advisors should create a climate of trust and dialogue by demonstrating their skills, leading by example, and working side-by-side to show solidarity with staff.

IV.2 Common Technical Assistance Activities Supported by Advisors

Contributing to NMCP work plan development. Advisors should be familiar with the NMCP's national strategic plan, and if it exists, the current annual work plan, which typically incorporates activities across malaria donors and implementing partners. A common technical assistance area for advisors is to support the NMCP operationalize the national strategic plan and help pull together multi-stakeholder activities into a consolidated annual work plan, to effectively position the NMCP as the central coordinating body across implementing partners in-country. The advisor can lend their expertise in program design, activity sequencing, intervention selection, indicator development, activity costing, etc., which are crucial elements that can set up the NMCP's work plan for success. On the implementation side, the advisor's technical expertise will be complementary to NMCP staff expertise in guiding activity implementation. See Section IV.3 below for more detail on monitoring NMCP performance against its work plan.

Adjacent to the NMCP work plan is the program's supply plan, which should capture the full suite of donor and government-procured anti-malarial commodities required by the NMCP for campaign-based distribution or routine use in public, private, and community health centers. The advisor may be requested to participate in national quantification workshops together with key stakeholders; yet should these exercises not be happening regularly, can work with NMCP leadership to coordinate them annually, with accompanying quarterly reviews.

Participating in regular NMCP check-ins. Routine NMCP staff meetings provide a venue for advisors to observe the status of work plan implementation progress, planned weekly activities, and monitor how and if the advisor's technical recommendations are implemented. If there are problems with activities where the advisor's recommendations are being implemented, the advisor can use these routine meetings to discuss resolutions with management and staff. If staff meetings are not already a regular practice, the advisor is presented with an opportunity to help launch these important internal touch points together with NMCP leadership.

Providing ongoing work plan implementation guidance. One of the strengths that advisors typically bring to their roles is their experience working on malaria in various countries under different contexts. Although advisors are

"It starts with establishing confidence with NMCP manager and staff. The technical advisor must demonstrate his or her qualities and skills by example, motivate others to do the work, and should be seen as someone that can listen to anyone in the team. Their door should always be open. They should be considered as part of the NMCP team and therefore assume its successes and failures."

– Dr. Eric Coulibaly, Advisor to the
NMCP in Niger

Technical Advisor to The Gambia Dr. Dorothy E. Onyango (left) chats with the Guinea NMCP Program Manager Dr. Eugene Lama (right) in Banjul. Credit: HRH2030-CBM

expected to draw on their past experiences and NMCPs welcome cross-country learning, advisors should avoid comparisons with other countries or contexts that might be unfavorable to the host country. Advisors should also recognize the technical expertise of NMCP staff, who can, in some cases, have more years of experience and knowledge than the advisor. Relatedly, advisors need to appreciate NMCP staff members' initiative and locally developed solutions and support the implementation of their initiatives and solutions, providing coaching and guidance as appropriate.

Lastly, advisors may face instances where an activity that requires support may not be in the area of their expertise. For example, implementing seasonal malaria chemoprevention (SMC) campaigns. In these situations, advisors have historically used policy and best practice documents from the RBM Partnership, WHO, and other outlets and coordinated with the WHO focal point in their respective countries to get additional technical guidance. Advisors may also seek advice and support from the home office staff who specialize in malaria. Moreover, where an online community of practice is available, advisors could also use this platform for crowdsourcing information and seeking guidance from their colleagues.

IV.3 Monitoring NMCP's Performance

Continuous performance monitoring. Advisors should support NMCP leadership to monitor program performance against the NMCP's annual work plans, Global Fund grant implementation, and where relevant, costed activities supported by the implementing partner. Three of the most common monitoring tools used across NMCPs include the Global Fund's performance scorecard, the NMCP's M&E plan, and the implementing partner's M&E plan.

To ensure alignment across work plans and performance monitoring tools, as noted in Section IV.2, routine meetings are an ideal mechanism for an advisor to review NMCP activity implementation. Advisors can use the meetings to follow-up on the implementation of recommendations and understand the different actors' roles and responsibilities in partnering PRs, with the management of the activities. Routine meetings also provide an opportunity for the advisor to support NMCP management to recognize top-performing staff, celebrate accomplishments, and highlight good practices.

Given the placement of advisors at national levels and the nature of implementing NMCP initiatives decentralized to regional, district, and community levels, it can be challenging for the advisor to closely follow the implementation of recommendations and monitor activities' progress. Advisors have used the Challenge Model to train and enable district-level NMCP staff to overcome these obstacles by monitoring the implementation of recommendations at the district level through quarterly data review meetings. All support

provided by advisors to the sub-national levels is coordinated through national-level department heads and used as an opportunity to build capacity of the broader NMCP management systems.

Monitoring results through NMCP's M&E plan. Advisors should be familiar with the NMCP's annual M&E plan and use the M&E data to understand implementation progress and identify activities that need additional support. If the advisor identifies activities with lagging indicators, the advisor can bring this to the NMCP management's attention with their recommendations and provide technical assistance to improve implementation or make course corrections. Having access to timely, complete, and accurate M&E data at the central level may be a challenge. Advisors can work with NMCP leadership to organize data and M&E trainings to district staff and provide technical assistance to the NMCP's M&E unit so they can collaboratively monitor malaria data and present the results during quarterly data review meetings.

Tracking progress through the Global Fund scorecard. The Global Fund conducts the performance ratings for NMCPs, with the goal of countries reaching an "A1" rating of "Exceeding Expectations," particularly when the principal recipient (PR) of the grant. The advisor, NMCP, and implementing partner use the results to identify program priorities and inform program implementation in general. For example, if a country receives a poor rating due to low burn rate, the advisor may explore a "ramp-up" activity plan with NMCP leadership to increase spending over the course of the next quarter. When sub-recipient, the goal then becomes working with the NMCP towards becoming PR.

IV.4 Fostering Relations with Other Malaria Stakeholders In-Country

Coordination with partners at multiple level of implementation. Beyond the NMCP, advisors should maintain ongoing communication and coordination with the various stakeholders implementing malaria control activities at the national, regional, and district levels. Given all the actors involved in implementing activities at multiple levels, designating roles and responsibilities and effectively coordinating activities can become challenging. To overcome these difficulties, some advisors have worked with the NMCP to successfully facilitate the creation of consultation frameworks for maintaining communication and strengthening coordination, explained further below. Advisors can also help develop terms of references to clarify each actor's roles and responsibilities, facilitate the development of effective mechanisms for following up on action plans at routine partner meetings, and monitor activity progress at the district level.

Consultation frameworks and meetings. To successfully support relations with in-country stakeholders, the advisor must work closely with NMCP management to ensure the consultation frameworks are functional. Although the frequency of meetings may differ from one country to another, the type of meetings usually include weekly internal meetings, monthly or quarterly meetings with the technical and financial partners of the NMCP, monthly or quarterly thematic group meetings (in areas such as community case management, communication, M&E, or PSM), and meetings with international consultants including those supported by the RBM Partnership.

Important Stakeholders and In-Country Actors

- NMCP National Coordinator
- NMCP Deputy National Coordinator
- NMCP Unit Heads
- WHO Malaria Focal Point
- The Global Fund Country Team
- The Global Fund Principal Recipient and Sub-Recipient (where applicable)
- Country Coordinating Mechanism (CCM) Leadership and Representatives

> *"It is so very critical to support not only the senior management, but also the middle-level staff, because they are the ones that execute and implement the program. I have learned that it actually pays to support middle-level management in addition to, of course, supporting the senior management."*
>
> – Dr. Kwabena Larbi, Advisor to the
> NMCP in Sierra Leone

The advisor should also advocate for the NMCP to coordinate joint planning of activities and quarterly review of interventions to strengthen relations between the NMCP and all stakeholders. In fostering stakeholder relationships, advisors must be mindful of the NMCP leadership's preferences and their existing relationship with external malaria stakeholders to avoid any misunderstandings that may cause friction with NMCP leadership.

Partnerships for progress. Concerning partnerships for program implementation, advisors can facilitate the process of integrating private and parastatal organizations working in the fight against malaria through various mechanisms such as the consultation frameworks mentioned above. In some countries, the advisor may identify the need to develop a strategy or advocacy plan with the NMCP, with a view to mobilize additional resources from a broader government and private sector partner landscape.

For larger initiatives where there are multiple stakeholders implementing parallel activities, for example mass LLIN distribution campaigns and the annual World Malaria Day commemoration, it is important for the advisors to work with the NMCP to encourage transparency and information sharing from microplanning to execution of these activities. Advisors should continue to work with NMCP leadership throughout the implementation process to share normative documents, updated standard operating procedures, and results of priority activities with all concerned stakeholders. This includes success stories, data visualizations, final reports, among others.

IV.5 Developing Additional Opportunities for Capacity Building

Grants directly to NMCPs. Implementing partners can consider opportunities to provide direct-to-government fixed amount awards to the NMCP's implementation of malaria control activities, while also building their financial and grant management and donor reporting capacity. It provides an opportunity for the NMCP to have full ownership and management of the full program lifecycle and aligns with USAID's global initiative to support countries' "Journey to Self-Reliance." Depending on the type of activities funded, other areas for capacity development through implementation of grant activities include strengthening the leadership of the NMCP and the coordination of malaria stakeholders, improving supply chain management and the quality of stock and inventory data, and increasing the use of data to target supervisory visits to make informed and evidence-based decisions for program improvement.

In instances where the NMCP may not be the principal recipient, grants can help the NMCP demonstrate their ability to manage donor funds and maintain compliance with donor regulations effectively. The advisor should be intimately involved in overseeing the adequate preparation and implementation of grant activities and providing day-to-day coaching of NMCP staff. The advisor and the implementing partner should support building the NMCP's capacity in overall grant management, such as identifying priority activities, developing activity-based budgets, negotiating sub-award agreements, and writing analytical reports about program implementation and financial expenditures.

"A technical advisor's success with the NMCP can be summarized in four key steps:

1) *Demonstrate that you know how to lead by example*
2) *Work together with the staff, guiding them*
3) *Let the staff work independently with your review to help improve the work*
4) *Stop providing direct support but monitor staff to ensure they follow up on activities and request feedback from their colleagues."*

– Dr. Pepin Miyigbena, Advisor to the NMCP in Côte d'Ivoire and Central African Republic

Country exchange visits. Cross-country exchange visits provide a unique opportunity for the NMCPs to build each other's capacity, with the guidance and support of advisors. The proposal for the country exchange visits can happen organically, with one country inviting the other, or can be designed and coordinated by the implementing partner and advisors upon recognizing that a challenge faced by one NMCP can be addressed by another NMCP's tested approach. Specific topic areas for cross-country learning could include the role of research and the use of sentinel sites in supporting malaria control and elimination activities; observing different approaches to inventory management for malaria commodities; participation in cross-border collaboration activities; the oversight of mobile malaria clinics; training of lab technicians and much more. This approach is different from the more traditional short- or long- term technical assistance approach, and incorporates hands-on, in-person engagement. As active participants, advisors prompt discussion questions and develop trip reports jointly with the NMCP participants to capture learnings. As such, NMCP staff are provided the opportunity to observe ideas, tools, and processes in practice and adapt what they learn to their country context, with the advisors' help as needed.

Virtual and in-person global NMCP convenings. To support global knowledge exchange amongst advisors and NMCP staff and provide a platform for thought leadership in malaria programming, implementing partners can organize meetings on a semi-annual basis for participants to exchange lessons learned, new ideas, tools, and approaches from across countries. The NMCPs should drive the agenda for these convenings and the advisors' role is supporting them to organize the structure and flow for the meetings. Examples of support the advisor can provide to NMCPs include identifying topical agenda items for discussion, panel moderation techniques, development of presentation materials, or participatory meeting facilitation techniques to drive engagement. Advisors should also work with the implementing partner to nominate participants from the NMCP.

Another collaboration platform complementary to semi-annual meetings is a moderated, online community of practice. This type of online platform can be used to discuss timely topics, crowdsource ideas and solutions to implementation problems, and in the process, is an opportunity for all participants to gain skills and knowledge in a free-flowing unstructured format.

Shown at the HRH2030-CBM Semi Annual Meeting hosted by the Togolese NMCP, HRH2030-CBM Togo, and the Togolese Ministry of Health, from left to right: HRH2030 Technical Advisor Dr. Jean-Emmanuel Julo-Reminiac, Malaria in Pregnancy Officer Mme. Laure Tako, NMCP Director/Coordinator Dr. Tinah Atcha-Oubou, Case Management Officer Kokoè D'Almedia, Cabinet Director for the Togolese Ministry of Health and Hygiene Mme. Eugenie Akapko, Laboratory Manager and HR Officer, Mr. Kossi Yakpa. Credit: HRH2030-CBM

Lastly, implementing partners should also consider creating WhatsApp groups for advisors and NMCP staff in different countries to help build and sustain relationships across countries, and foster an informal, virtual community. WhatsApp groups are also beneficial for communicating and coordinating logistics during travel or conferences.

Conference attendance. Attending conferences provides NMCP staff and their advisor counterparts the opportunity to stay up to date on technical guidelines and recommendations, learn new implementation approaches, and discover best practices from colleagues working on malaria programs globally. Conference attendance is also an opportunity for NMCPs and advisors to build comradery and expand their professional network within the global malaria prevention and control community. The American Society of Tropical Medicine and Hygiene conference and RBM Partnership to End Malaria meetings and workshops are examples of events that are helpful for NMCPs and advisors to attend. As an opportunity for further capacity building, advisors can work with NMCPs to review conference schedules, plan thoughtful participation, and prepare an out briefing together to the broader NMCP team upon returning back to the office as a way to share best practices gleaned from participating.

V. Annexes

Annex A: CBM's 360 Performance Evaluation Questionnaire (French and English)

Annex B: CBM's General Advisor Job Description

Annex C: NMCP Confidence Assessment Surveys

1. **Financial Management**
2. **Monitoring and Evaluation**
3. **Procurement and Supply Management**
4. **Program Officers**
5. **Program Managers**

Annex D: CBM's Work Plan Templates

1. **Budget Template**
2. **Narrative Template**

Annex E: CBM's Capability and Maturity Model Description and Tools

Annex F: CBM's ODA Description and Tools

1. **List of Illustrative Documents Recommended to Review for ODA**
2. **Interview Guide 1: NMCP Leadership and Unit Managers**
3. **Interview Guide 2: Regional Director/District Management Officer**
4. **Interview Guide 3: Regional Malaria Coordinator/District Focal Points**
5. **Interview Guide 4: NMCP Development Partners**
6. **Interview Guide 5: Ministry of Health Official**
7. **Interview Guide 6: Health Facility**
8. **Interview Guide 7: Community Based Organization**
9. **Employee Engagement Survey**
10. **Internal Communication Survey**
11. **Illustrative Preliminary Findings and Workshop Action Planning Tool**
12. **Illustrative Capacity Building Plan**

Wearing SeneGambian World Malaria Day celebration shirts, Guinea-Gambian study tour members cross the River Gambia into Senegal, at Jajanbureh, Central River Region, The Gambia. Credit: HRH2030-CBM.

Program Partners

- Chemonics International
- American International Health Alliance (AIHA)
- Amref Health Africa
- Open Development
- Palladium
- ThinkWell
- University Research Company (URC)

About HRH2030

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

Global Program Objectives

- **Improve performance and productivity of the health workforce.** Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.

- **Increase the number, skill mix, and competency of the health workforce.** Ensure that educational institutions meet students' needs and use curriculum relevant to students' future patients. This objective also addresses management capability of pre-service institutions.

- **Strengthen HRH/HSS leadership and governance capacity.** Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.

- **Increase sustainability of investment in HRH.** Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.

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